



News Release

For Immediate Release: June 5, 2003

(03-103)

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CDC preliminary tests identify Franklin County illness as St. Louis encephalitis...not West Nile virus

Olympia — Preliminary tests by the Centers for Disease Control and Prevention (CDC) have identified a Franklin County man's illness as infection with St. Louis encephalitis virus. If confirmed, it would be the first identified case in Washington state in more than 30 years. The man, in his 30s, became ill in mid-May, was treated as an outpatient and is now recovering.

Last week the state Department of Health and the Benton-Franklin Health Department announced the man had tested positive for a mosquito-borne illness that was being classified as a suspect West Nile virus case. Since then, tests at the state Health Laboratories have been negative for West Nile virus, and preliminary tests results from the CDC have identified the illness as St. Louis encephalitis.

St. Louis encephalitis virus has many similarities to West Nile virus. The illness is not spread person to person; it is transmitted by mosquitoes that become infected by feeding on infected birds. People cannot get the infection directly from birds or other animals.

"These new test results don't change our recommendations about mosquito bite prevention," said state Health Officer Dr. Maxine Hayes. "Much like West Nile virus, St. Louis encephalitis is spread by mosquitoes. The best way to avoid these illnesses is to take steps to prevent being bitten and reduce mosquito habitat around your home."

Infection with St. Louis encephalitis virus has symptoms similar to those caused by West Nile virus. Mild infections often go undiagnosed; symptoms include fever and headache. More severe infections have symptoms that include headache, high fever, neck stiffness, and disorientation. There is no treatment or vaccine available for St. Louis encephalitis. People who become ill are treated with supportive care.

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“State and local health departments have been working closely with health care providers to make sure they are on the look out for West Nile virus,” said Dr. Jo Hofmann, State Epidemiologist for Communicable Disease for the Washington State Department of Health. “Because the symptoms are similar, it is possible increased surveillance will result in more cases of encephalitis caused by other viruses being identified as well.”

According to the CDC, there were 4,478 confirmed cases of St. Louis encephalitis in the United States between 1964-1998. Only three of those cases were in Washington state — the last in 1972. The most recent outbreak nationally was in New Orleans, Louisiana in 1999, with 20 reported cases.

“Just because it looks like this is not a West Nile virus case, we can’t let our guard down,” said Benton-Franklin Health Officer Dr. Larry Jecha. “Last year our state had positive West Nile cases in birds and horses, and we expect to see human cases this summer. Besides, protecting yourself from mosquito bites will limit your chances of being infected with West Nile virus or St. Louis encephalitis.”

More information about St. Louis encephalitis and other mosquito-borne viral infections is available on the state [Department of Health Web site](http://www.doh.wa.gov) (www.doh.wa.gov), and health care providers can find information on reporting mosquito-borne viral infections on the [DOH Notifiable Conditions Web site](http://www.doh.wa.gov/Notify/nc/encephalitis.htm) (www.doh.wa.gov/Notify/nc/encephalitis.htm). The state Department of Health [West Nile virus Web site](http://www.doh.wa.gov/WNV) (www.doh.wa.gov/WNV) and toll-free telephone line, 1-866-78VIRUS, have information about mosquito bite prevention and mosquito breeding habitat reduction strategies, as well as information for health care providers on recognition and reporting suspected human WNV infections.

Additional information about West Nile virus surveillance in the Tri-Cities area is available from the Benton-Franklin Health District, 509-582-7761.

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Visit the Washington Department of Health Web site at <http://www.doh.wa.gov> for a healthy dose of information.